

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.	BLOCK	USA	UNS/MC	USAF
				1	SUBMITTING UNIT	Message address of unit submitting urine samples	
(1)	SIGNATURE	SIGNATURE		2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.
	NAME	NAME					
(2)	SIGNATURE	SIGNATURE		3	BASE/ AREA CODE	Service Code Area	Leave blank. For future use.
	NAME	NAME					
(3)	SIGNATURE	SIGNATURE		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.	
	NAME	NAME				Do not use	
(4)	SIGNATURE	SIGNATURE		5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.
	NAME	NAME					
(5)	SIGNATURE	SIGNATURE		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.	
	NAME	NAME					
(6)	SIGNATURE	SIGNATURE		7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full
	NAME	NAME					
(7)	SIGNATURE	SIGNATURE		8	COMPLETE SSN	Full SSN of person from whom sample obtained.	
	NAME	NAME					
(8)	SIGNATURE	SIGNATURE		9	TEST BASIS	Indicate the testing premise to conduct the collection.	
	NAME	NAME					
(9)	SIGNATURE	SIGNATURE		10	TEST INFORMATION	<u>Military:</u> A = E1 - E4; B = E5 to O10; <u>Civilian only:</u> C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP, F = TD; ADAPCP Staff; G = other TDP; N = other nonmilitary	Leave blank
	NAME	NAME					
(10)	SIGNATURE	SIGNATURE		11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.	
	NAME	NAME				Not used	
				12. CHAIN OF CUSTODY (LINE (1)). a. DATE - Date of collection/shipment. b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples. c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab. NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).			
				13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES			
(10)	SIGNATURE	SIGNATURE					
	NAME	NAME					